

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**



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October 8, 2008

TO: Thomas McKenna, Board Chairman
Gary Garlock, Executive Director
Jodi King, Program Administrator

FROM: Susan Moreno, Quality Improvement Specialist
Developmental Disabilities Program

SUBJECT: Quality Assurance Review

Attached is the FY 08 Quality Assurance Review for STEP, Inc. This review covers the time period from February 2007 through August 2008 and addresses all the DDP-funded services provided by STEP: Children's Group Homes, Supported Living, Community Supports, Work Services, Transportation and all Family Education and Support Services.

I would like to thank all STEP staff for their patience, professionalism and responses in completing this review. It was a very difficult and trying year for everyone. As you will see in the review, the services provided to families is still a valued asset to many. I have appreciated the promptness in responding to direct service issues needing improvement.

It has been agreed upon that in the future the review will be separated out into two components. One review for children's services and one for adult services will be completed next year.

CC: Suzn Gehring, Regional Manager
Tim Plaska, Community Services Bureau Chief
John Zeeck, Quality Assurance Specialist
Perry Jones, Waiver Specialist

Scope of Review:

This Quality Assurance Review covers the period from February 2007 through August 2008 and addresses all services provided by STEP, Inc: Children's Group Home services, Supported Living, Work, Community Supports, Transportation, and Child and Family Services.

General Areas**A. Administrative****Significant Events from the Agency**

- The "Night of Wishes" sponsored by STEP was a very successful fundraiser again this year. Funds were raised to assist families/individuals with specific wishes not normally covered under the Waiver. STEP has a strong base of supporters for this fundraiser
- STEP has purchased office space. The move went fairly smoothly.
- STEP contracted to serve two young men living in the children's group home by developing individualized day programs.
- Sue Dow has put in her resignation after 28 years of service at STEP. Gary Garlock will be the acting director.

Policies and Administrative (DDP) Directives

- STEP's Policies and Procedures Manual was reviewed and found to be in compliance with DDP Directives.

Licensing

- Both Children's Group Homes located at 841 Parkhill and 2101 11th Ave North were found to have current licenses. During the licensures review of these homes, some deficiencies were noted. At the time of this review, deficiencies were corrected or a plan to make the corrections was in place.

Accreditation

- Accreditation is no longer a requirement of the contract between DDP and the provider. STEP had been CARF accredited in November of 2005 for a three year period.

Agency Internal Communication Systems

- STEP has an organizational chart on the flow of information within their agency. This has changed and they are working on revising it again. Several office positions have turned over during the review period which may have had an impact on positive internal communications. The Family Support Specialists working with all aspects of STEP services have expressed being overwhelmed with keeping up with changes in each of the service categories. The larger STEP audit has also added stress to the employees. This stress has been felt by and shared with families.

Program Evaluation

Fiscal

STEP was audited by DPHHS in 2007 for the period of July 1, 2004 through March 31, 2007. This audit found STEP owed the state \$217,969 due to unallowable and undocumented costs being billed to the state. A corrective action plan is being worked out to improve fiscal practices as well as better checks and balances. STEP has developed and implemented many of the corrective action items that were requested by DPHHS and others are in progress. STEP is in the process of switching their accounting software system. In July 2008 DPHHS agreed to reduce the pay back amount to \$155,472. Currently DPHHS and STEP are working on finalizing the settlement agreement.

In July 21, 2008 DPHHS audit preformed a desk review of STEP's internal audit for the period ending June 30, 2007. They noted that the audit was acceptable, but that there was a material weakness in internal control which related to how indirect costs were allocated. There were recommendations on how the group home staff recorded their direct care hours; how costs are recorded in the general ledger and perform monthly analytical review to insure costs and hours are correctly billed; that the fiscal manger review, monitor and reconcile all the accounts in the system. STEP is addressing these findings. They also noted that in 2007 STEP's assets increased by \$105,092 and that they had assets to cover 4.40 months of expenses.

Appendix I

-Two of the three negotiated items in the Appendix I were not met. This was in part due to a change in QIS as well as changes at STEP. Items were renegotiated for the upcoming year to include issues of the Corrective Action Plan with Central Office.

Specific Services Reviewed

A. Residential

Accomplishments

- STEP has made improvements to the documentation of action steps in Supported Living and Community Supports programs.
- One of the residents of a children's group home is in the process of transitioning to adult services through the porting process.

Programmatic Deficiencies

- Internal monitoring of individual plans is an issue in regard to quarterly reporting implementation and progress of anticipated outcomes. (QAOS#4) The new practice of sending the Quarterly Reports to the QIS for distribution went well the first quarter of implementation.

Corrections to Deficiencies

- STEP has agreed to sending quarterly reports to the QIS/DDP each quarter for distribution to Case Managers as response to the deficiency.

Program Evaluation

I. Health and Safety

Vehicles

- STEP has a detailed training curriculum for employees who transport individuals in wheelchairs and must operate wheelchair lifts.
- Staff assigned to driving vehicles are required to produce a current drivers license and agree to a driving record check for insurance purposes.
- STEP lacked scheduled maintenance records on their corporate owned vehicles. (QAOS #6)

Consumers

- While conducting a quarterly on-site visit at 2101 11th Avenue N, staff present were all fairly new to employment with STEP yet were able to describe an individuals bathing protocol and why it was necessary to this person's safety.

Medication Safety

- During the course of routine site visits, all medications were securely locked up and staff were familiar with the process of medication delivery including the second staff as the checker. During one of these visits, the medication sign off sheets were not signed off on and the medication was not in the bubble pack. QAOS Sheet #2FY08 dated 11-30-07 was sent to STEP and the corrections were accepted on 12-4-07.
- Individuals requiring PRN medications to deal with behavioral issues all had protocols in place spelling out the process to go through.

Sites

- Unannounced site visits were completed at the two Children's Group Homes through out the review period. Staffing ratios, medication safety, and water temperatures were all in compliance. The previous review noted several instances of the water temperatures being inconsistent and higher than 120 degrees. This has been corrected. Both sites have smoke alarms in appropriate locations as well as fire extinguishers. Egress and accessibility at both sites was adequate.
- During an onsite visit, staff present was able to describe the bathing protocols for individuals in each site. STEP was given a commendation QAOS #1.
- Both children's homes are in good repair and have a very homey feel.
- Each of the children's homes have unique behavioral challenges based on the makeup of residents along with being run by fairly new managers with ongoing staff changes.

II. Service Planning and Delivery

Individual Planning (Assessment, Implementation, Monitoring)

- Randomly selected sample files were reviewed for individuals receiving residential services in each service category.
- Of the 17 files reviewed for residential services, only 2 consistently met the DDP requirements for Quarterly Reports. (QAOS #4)

Leisure/recreation

-Leisure and recreation logs were reviewed at each group home. Some activities are being duplicated as both leisure and recreation for data. STEP has purchased more leisure type activities for each of the group homes. This was suggested in the previous review.

Client Rights

-No client right violations were noted.

Medical/health Care

-All client files randomly selected in Supported Living had the Annual Health Care Checklist in the Case Managers records. STEP appropriately seeks medical/health care for the individuals they serve.

Emotionally Responsible Care Giving

During the course of the review period, I had the opportunity to observe interactions between direct care staff and individuals. My observations were staff all wanted to provide a healthy and safe environment to the individuals served.

Consumer Surveys

-Consumer surveys were reviewed for all files sampled. No issues were identified.

Agency=s Consumer Satisfaction Surveys

-STEP did not conduct a consumer satisfaction survey during the review period.

III. Staffing**Screening/hiring**

-Five files of recent hires were reviewed. Four of the five files were found to have completed criminal background checks and all had copies of current driver's licenses. This was brought to the attention of the new HR Director. The one file that lacked the criminal background check was still in process and the HRD called on why this was taking so long. Part of the problem was related to releasing information to the newly hired Human Resource Director. This issue has been resolved.

Orientation/training

-The same five new employees personnel records were reviewed. Documentation of general orientation received was indicated for each employee. Some of these new employees were hired during a time frame where the Human Resources staff had left employment and staff were trying to fill positions. Three of the five new hires had either been enrolled in the College of Direct Support or had already completed the course. The two which had not been enrolled at the time of the review of files will be added as STEP has now hired a new HR Director. The period of job-shadowing was documented.

Ratios

-Staff to client ratios were verified during routine quarterly on-site visits throughout the review period. No deficiencies were noted.

IV. Incident Management

APS

-The Region 3 DDP office was notified of three reports to APS involving individuals served through various STEP services. Of the three reports, only one related to STEP services. STEP has complied with the recommendations of the APS worker in improving communications with the local school personnel regarding care issues for the individual living in the Children's Group Home.

-The second report was made to APS alleging medical neglect and mental abuse of an individual by his family member/care giver. APS found no indications of mental abuse and medical neglect. STEP was not indicated in this report.

-The third report to APS was a situation where STEP was not involved in the allegations but rather agreed to assist in a crisis situation for a young woman who was basically left at a foster home here in Billings without funds. (QAOS #7)

Incident Reporting

-There was one Critical incident reporting a death of a long time Supported Living recipient.

-As noted in the previous years report, the internal training and communication with staff regarding reporting requirements continues to need improvement. This has been affected by turnover of staff.

-The numbers of each category of incidents were broken out as follows:

Group Homes

841 Parkhill—53 Reportable, 22 Critical

2101 11th Avenue N--- 73 Reportable, 28 Critical

Supported Living

3 Reportable, 6 Critical

IFES

-There were 3 critical incidents of parents taking their children in for medical care resulting in an unplanned hospitalization of the child.

B. Work/day/community Employment

Accomplishments

-STEP agreed to develop individualized day service for 2 individuals beginning September 2007 for two persons who graduated high school and have no other day services.

Programmatic Deficiencies

-Services delivered to the two individuals receiving this service are not documented. Neither staff had data records. One of the day program staff had a spiral notebook she was keeping some notes about what activities were being done while the other staff indicated the only data collected was the mileage records to be turned in to the office.

Corrections to Deficiencies

-A QAOS (# 3) sheet was written on this deficiency. STEP will develop data taking systems to ensure PSP actions are and carried out documented appropriately.

I. Health and Safety

Vehicles

-STEP has vehicles available to both day service recipients. Staff have valid drivers licenses and their driving records have been checked.

Consumers

-No health and safety issues were noted. Both individuals working in the day service are served residentially through STEP. Staff are aware of the need to have seat belts on consumers whenever they are transported.

-STEP staff working the day program gear all activities toward individual choices and abilities.

Medication Safety

-Neither individual in day service receives medications during the day hours.

Sites

-The sites STEP had originally set up to utilize for the day service were not being used consistently. The day services lacked structure and direction. Since receiving the QAOS sheet regarding the data collection, many improvements have occurred. The sites (the Respite apartment at 2101 11th Ave N and the vacant office at STEP) now are scheduled for both individuals. This will add structure to both the service recipients and the staff. This may take some time to get consistent attendance at the sites but staff are actively working on increasing the individuals tolerance to this change.

II. Service Planning and Delivery

Individual Planning

-The Personal Supports Plans (PSP) for both participants had minimally an action statement indicating participation in the day services. STEP, as the provider agency, needs to spell out more specifically in the plans what habilitation will occur to justify this level of individualized service.

Leisure/recreation

-The day service provided through STEP has included leisure and recreational opportunities. The documentation of these activities has been sparse. During the staff interviews, leisure and recreational activities were the norm verses vocational or prevocational skill training which has been corrected. The activities were not spelled out in the plans of care.

Client Rights

-There were no client rights violations noted.

Medical/health Care

-The medical and health care for the individuals in the day service are being met through the residential program. As noted previously, neither individual takes medications during the daytime hours.

Emotional Responsible Care Giving

-Observation of day staff interacting with the individuals in service was respectful. Both staff communicated through words as well as tone in a professional manner.

Consumer Surveys

-No internal surveys were conducted by STEP during this review period. The consumer surveys conducted by Case Management prior to PSP's were reviewed and the teams addressed any issues.

Agency's Consumer Satisfaction Surveys

-No internal satisfaction surveys were conducted during this review period.

III. Staffing**Screening/hiring**

-As noted under residential, there was a minor problem with getting the outcomes of a background check. This issue was resolved and all five of the reviewed files were in compliance.

Orientation/training

-The orientation and training records of the same screening/hiring files were

reviewed. As noted under residential, some of the new hires entered employment with STEP during a period of time where there was no Human Resource director on staff.

Ratios

-Both day service recipients at STEP have specified staff assigned to work one to one in this individualized service. They are never left alone. STEP has accommodated sick and vacation days for the staff by utilizing trained staff from the group home where these young men live. This has been beneficial in that both the client and the staff are familiar with one another.

Staff Surveys

-This is a fairly new program added to the various services that STEP provides. At this time there are no staff surveys completed by STEP. The staff surveyed conducted during the review process with one of the day staff met the level of competencies in all areas.

IV. Incident Management

APS

-There were no APS reports involving the day service.

Incident Reporting

-There were no critical incidents reported during the day services.

C. Community Supports

Accomplishments

-STEP continues to serve folks in Community Supports meeting needs on limited resources.

Programmatic Deficiencies

-The last review found a lack of data collection for implementation of objectives specified in plans of care. This has been addressed through the previous year's Appendix I. No programmatic deficiencies noted during this review period.

Corrections to Deficiencies

-No corrections to deficiencies required.

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Program Evaluation

I. Health and Safety

Vehicles

-Hab Aides serving persons in Community Supports and other programs within STEP were able to utilize STEP vehicles. This practice has since changed and is in

the process of being changed again. Staff that had used the vehicles all had driving records in their files which is required for insurance coverage.

Consumers

Of the Community Support files selected in the random sample, no health and safety concerns were noted.

Medication Safety

-STEP staff do not assist in the administration of medications for the individuals in the Community Supports program.

Sites

-There are no sites for Community Supports. Most of the individuals served in Community Supports through STEP live with their families.

II. Service Planning and Delivery

Individual Planning

-All individuals in Community Supports (CS) had some type of plan. Plans are not required if the agreement was for Respite Services only. The Community Supports agreement is enough in those situations. The best practices for Case Managers were to start including folks with CS in the Personal Supports Planning (PSP) process. There were two of the five Community Supports files that did not contain a Risk\Planning Assessment tool. This assessment tool is used to direct what services should be delivered and is not the responsibility of the provider to complete. STEP is encouraged to request these assessments prior to engaging in the planning process.

Leisure/recreation

-None of the Community Supports Agreements included Leisure/Recreation as part of the services to be delivered.

Client Rights

-There were no reports of any client right violations in the Community Supports sample.

Medical/health Care

-One of the individuals in the sample lives independently and is fairly independent in dealing with her medical issues. The other four in the sample all have very strong ties to their families who are dealing with the medical and health care needs for their

individuals.

Emotionally Responsible Care Giving

-The interactions between one Community Supports recipient and staff at STEP was observed. The STEP staff was very professional as well as compassionate in dealing with a very delicate situation the individual had been dealing with.

Consumer Surveys

-The consumer surveys for all five individuals were reviewed with no problems or issues noted. Two of the families were contacted and interviewed as to their satisfaction with the services being provided through this program. Both families were very happy with the services received both through STEP and their case managers.

Agency=s Consumer Satisfaction Surveys

-As noted previously in this report, STEP has not conducted any satisfaction surveys during this review period.

III. Staffing

Screening/hiring

- All screening and hiring practices for STEP are covered under the Residential section of this review. All issues resolved.

Orientation/training

-Orientation and training of new hires is addressed under the residential section of this report. Much of the Community Supports with the sample is handled through Respite which is going through changes and all respite folks will become employees of the agency rather than reimbursed through the family.

Ratios

-There are no staff ratios in Community Supports.

Staff Surveys

-Since most of this service is delivered as respite and/or payment for items/services, no staff were surveyed in this review process.

IV. Incident Management

APS

-There was one APS investigation involving a Community Supports individual and his family member. As mentioned in the Residential Incident Management section,

ASP found no indication of the mental abuse or medical neglect.

Incident Reporting

-There was one critical incident involving a CS recipient whose mother took her to the ER and was admitted to the hospital. STEP staff were notified of the incident and were not present at the time of the incident.

D. Transportation

Accomplishments

- STEP has a detailed training curriculum for employees who transport individuals in wheelchairs and must operate wheelchair lifts.
- Staff assigned to driving vehicles are required to produce a current drivers license and agree to a driving record check for insurance purposes.

Programmatic Deficiencies

- STEP lacked scheduled maintenance records on their corporate owned vehicles. (QAOS #6)

Corrections to Deficiencies

--STEP has set up maintenance of vehicles with oversight of the group home and day program vehicles by the Program Director. All other vehicle maintenance will be scheduled and documented by an assigned office support staff with a second oversight by the Fiscal Director.

E. Child and Family Services

-Files of 15 families receiving services funded through the Developmental Disabilities Program were reviewed. Five files were reviewed in each category of Child and Family Service, specifically Part C, Family Education and Support and the Intensive Family Education and Support. In addition to the file review, families were contacted regarding the services they receive.

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Program Evaluation

Maintenance of Records:

-For all files reviewed, STEP was found to maintain complete records including eligibility information, the Individual Family Service Plan, contact logs and assessment information. These service records were thorough and document each contact with or on behalf of the eligible child or family and describe the services provided.

Eligibility

STEP has an Eligibility Review Panel which has in the past met on a consistent basis. The eligibility has changed and the ERP doesn't meet as routinely as it had in the past.

-No children were found to be served concurrently by state-funded, Part C and the Intensive Family Education and Support.

Service Coordination:

STEP staff assists families by coordinating services both through DDP and generic community resources. STEP helps families with the requirements of the Office of Public Assistance in maintaining Medicaid status for Waiver recipients. STEP also participates on behalf of children and families with school systems, Head Start and Child Protective Services.

IFSP:

-The IFSP's were complete, signed off by families and implemented for each child/family.

-For each of the sample files reviewed, IFSPs contained demographic information, identified a Support Coordinator, included child development information, indicated each service to be provided, the frequency and intensity of the serve, the location and method of service deliver, the date of initiation of the serve, the length of time the service is to be delivered and the funding source. Consistently outcomes were found to be written in the families own words. Family strengths and resources were identified.

-Of the files reviewed, 13 of the 15 had documentation of written notification for the IFSP meeting. Although the documentation of the meeting was not on file, in interviewing one of the parents, they indicated they had plenty of notice of the meeting.

Family Centered Services:

-All interviewed families indicated IFES with STEP as being a very family centered service where they were decision makers in the following areas; identifying family needs and resources, the members to participate in the planning process, the roles the family wishes to play in the evaluation process and service coordination. The families determine what the desired outcomes will be in the plan, how often/when home visits will take place, choose which resource or services options to pursue and evaluate the progress of the plan.

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Program Evaluation

Provision of Resources and Supports:

-Resources and support services as identified in the IFSP were found to be provided to each eligible child/family.

-No gaps were found in planned verses actual service delivery.

Information and Referral for persons found ineligible:

-Letters were sent out to families found ineligible described why the determination was

made and potentially appropriate service options to pursue.

-Children and families found ineligible were referred on to other appropriate agencies.

Procedural Safeguards:

-There was documentation that families had received a copy of STEP's complaint procedure and appeal process in all files reviewed.

-There were no issues regarding the protection of confidentiality. This was confirmed in family interviews. Families also verified they were confident they could access their child's records at anytime.

-Families were comfortable that staff always presented information to them in a manner that was understandable and jargon free.

-Agency policy requires all services to be non-discriminatory.

-Files reflected the practice of securing consent prior to evaluations, service delivery and any information being released or gathered from other sources.

-Families are informed that participation in services is voluntary.

-STEP has failed to meet requirements for all FSSs to have current Primary Certification or Comprehensive FSS Certification on file in the DDP Central Office. (QAOS #5)

DDP exit policy:

The files of both children/families who exited services were in compliance with the DDP exit policy.

Timelines:

The Part C timelines of 6 month re-evaluation of the IFSP were in compliance as were the annual regulations for FES and IFES.

Other Contract Provisions:

-ICAPs are no longer being used in DDP services.

-Current contract language no longer addresses staff to individual ratios.

-Families on the waiting list are contacted every 6 months.

-For the files reviewed, DPHHS was found to be the "payor of last resort" for IFSP services.

Requirements Specific to Part C-Early Intervention Services:

Public Awareness/Child Find Efforts:

-STEP participates in ongoing child find efforts and public awareness. These efforts are done with school systems, physicians, Head Start and the High Risk Infant Clinic.

Eligibility:

- There was documentation that children being served had an established condition, a 50% delay in one developmental area or a 25% delay in two developmental areas.
 - All files reviewed were found to have eligibility determined through the individualized, multidimensional methods in compliance with the Part C regulations.
 - Children are exited from Part C services at 3 years of age.
 - All files reviewed, services were not delayed by the eligibility process.
 - Contact is made with families within the 2 working days of the initial referral.
 - Evaluations were completed and the IFSP was in place within 45 day of the referral date.
- There was one file where there was documentation in the file where this had not occurred due to an emergency hospitalization out of state. Once the family returned to Montana, the plan was developed.

Transition Planning:

- Transition planning meetings were found to take place at least 90 days prior to the child's third birthday.
- Families verified they had been informed of the time limitedness of Part C services as well as the differences and similarities between Part C and Part B services.
- STEP continues to have interagency agreements in place with regional educational agencies.

Procedural Safeguards:

- For the files reviewed, none of the children were found to require the appointment of a surrogate parent.
- Agency IFSP process allows families to approve the provision of some services without jeopardizing the provision of others.

Requirements Specific to Intensive Family Education and Support:**Eligibility:**

- Documentation of eligibility for children being served under the IFES Waiver definition was present.
- Children are "exited" from services when they become 22 years of age and transitioned into adult services with funding.
- Children are not concurrently served by IFES, the PD Waiver or Targeted Case Management services.
- Documentation was present that parents were informed of alternatives available under

IFES.

Family Centered Services:

-All children reviewed were living in their natural homes.

Individual Family Service Plans:

-Families were informed of the portability of services.
-Services specified in the plans of care were provided.
-Changes in the Individual Cost Plan system seemed to cause a great deal of stress this year. Planning ahead for changes was problematic and very chaotic the last month of the fiscal year. Errors in the systems downloads were found and needed correction.

Transition Planning:

-Files have documentation that families were made aware from the time they entered into IFES services of the age limit of this service as 22, that the IFSP team can determine the service is not longer required or the needs of the child exceed the resources available. Families are informed participation in IFES services is voluntary.
-There were no transitions completed during the review period.

Procedural Safeguards:

-None of the sample files reviewed were of children living in a foster home setting. STEP has utilized foster settings in compliance with licensing requirements.
-When requests are made for adaptive equipment purchasing totaling over \$4000, the DDP office is notified and the STEP Board of Directors approve the requests.
-Of the files reviewed, all adaptive equipment and environmental modifications meet Waiver criteria.

Other Contract Requirements:

-Each family had a least one contact each month, either directly or on their behalf. These contacts reflect support coordination, direct services, or related to supervision.
-There were no subcontracted services for families in the sample group.
-Cost plans are revised at least every six months.

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Program Evaluation

Interviews with Families:

-Twelve families were interviewed during this review period. The families expressed positive comments about the services provided by STEP. Many families acknowledged concerns for the corporation with the very publicized audit situation and hopeful it would be resolved without damage to the services provided.
- A sample of comments are as follows:
“Things are going good with all the kids.”
“We have not had problems with STEP except a while back with a changing of FSS but now things are good. We never lost the services! We have been with STEP since 1999. The FSS is awesome! There are lots of visits because she is in the area.”
“FSS is doing a great job!”

“Childcare for kids with disabilities is very difficult to locate here.”
“FSS is great! I just love FSS, she is very responsive.”
“FSS does a very good job!”
“FSS goes above and beyond!”
“We are seeing great improvements, I don’t know what more I could ask for!”
“STEP has been a huge blessing for us! We do have fears of losing funding.”
“Auditory Integration was great! Would like more!”

Conclusion

STEP provides a wide range of residential services to children and adults with developmental disabilities in a variety of residential settings. Services are provided in natural homes, foster homes, assisted living, group home as well as apartment settings or client owned homes. This is a birth to death service option for folks with disabilities. STEP staff, service recipients and their families has had a difficult time adjusting to the implementation of the rates system. Folks were very comfortable with the old system which allowed the provider agency to adjust funding within their program. STEP has had some families port out of their services as they were no longer happy with operations. Through the course of the adjustment to the new system, STEP was audited bringing internal agency issues into the public arena. This has caused a lot of uncertainty amongst staff and families receiving services. STEP is working with the State to resolve the issues of the audit through a corrective action plan.

Findings Closed

The following findings are closed:

- Medication errors/meds given but not signed off on in the Children’s Group Home (QAOS #2)
- No data for the day program (QAOS #3)
- Lack of consistent Quarterly Reports (QAOS #4)
- FSS Certification lapses (QAOS #5)

Findings Open/plan of Correction

- QIS will spot check the vehicle maintenance records randomly during the next review period.